

# Foster Family Home - Deficiency Report

Provider ID: 1-210068

Home Name: Elijah Lois Galvan, CNA

Review ID: 1-210068-1

91-1204 Piipii Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 10/8/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

10/8/2021  
Date

10/8/2021  
Date